Diet in Body Maintenance and Curing

261 262 753 Because food created fire, the daily diet could be a source of illness or a therapeutic means. Every food had known properties for heating or cooling, and for other effects as well. Guava fruit, alcohol, and turtle or cobra curry were heating. Eggs were cooling. Depending on the occasion, ice and iced concoctions were over-heating or over-cooling. They were always "dangerous during menstruation." Banana varied according to the variety: kluai hom (fragrant banana) was undesirably cooling and caused either diarrhea or constipation (Hauck, 1959:27); kluai nam wa was less deleterious (salaeng) while kluai nam was good for the sick or for parturients (Boonlong).

252 262 Properties in food changed in cooking. Boiling made rice "ripe" (suk) and so available as nourishment (Anuman Rajadhon:77). Even the method of cooking varied the properties. For the sick and for parturients, the banana variety called kluai hak suk was good if baked, but not if cooked in syrup (Boonlong).

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262 753 827 Some foods were "incompatible" with, and so aggravated, certain illnesses. Air-borne food in the form of smell was incompatible with, and compounded, a condition of wind excess. Death or blindness ensued. On the other hand, asafetida might be tied to the wrist of a new-born baby so that the smell, an established carminative, might cure the excess wind in his stomach manifested as flatulence.

262 Beneficial foods were encouraged. Of all these none surpassed rice, the main sustenance of the body, "the only true food" (Yong Chutima, in Hauck, 1959:27) and source of "strength" to the farmer. Rice was a safe food. It never disturbed elements. Eating rice, as compared with meat, had no overtone of taking life. One could eat one's fill without any sin. Most of all, rice nourished the human khwan, for each grain contained a part of the khwan of the divine Rice Mother. Furthermore, any food offered ritually to a spirit or to make merit acquired strengthening properties, and was afterwards given to priests, children, or to the sick.

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[776] Foods with known dangers were avoided. "Kluai tani banana, a variety full of seeds, was never eaten because it contained a female ghost (phi)." Jackfruit was avoided by lactating women as a direct source of wind-excess. Fruit in general was not dangerous but "did not give enough strength for a rice farmer. It was all right for an orchardist."

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speeded up with heat to the point of blasts. The strength of the contractions of labor was in direct proportion to the speed of the winds' circulation. The great pushes of the expulsive lom beng "broke down" the sac with the amniotic fluid (nam thun hua: water-that-supports-the-head-of-the-child), and forced out the child, water, and the placenta.

After the child was out, the mother was cold, weak, and exhausted. Her uterus was full of harmful fluids. Heat was needed more than ever not only to warm her but to give the winds "the power and push" to drive out three undesirable birth-waters: "The blood that looks like ordinary blood but is bad,"; the amniotic and abdominal body water (nam khram:refuse water); and the pale, viscous, repugnant "fish-water" (nam khao pla). Therefore, a hot fire was built, close to which the mother lay (yu fai), turning all sides of her body towards the flame. She bathed in or drank hot or warm boiled water (nam suk: cooked, or ripe, water). She ate safe foods like rice and dried fish,[31] and kluai nam bananas, continued to take alcoholic medicines of the hottest sort, such as Snake Brand, and occasionally might be given cobra or other hot curries to eat. For a first-born, a woman stayed eleven or nine days by the fire (always an odd number), with stays shorter for each successive child, but never less than five days.

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Complications sometimes developed because of inadequate control of the heat. A "headache and a hot body" indicating "stagnation of the blood and the fishy-smelling-water," was cured by a heat-producing decoction. Rashes often occurred, causing small boils that might develop into sores. To soothe these, turmeric was painted on. In the most dangerous cases the heat "drove the bad blood to the heart, to the face or belly" where it was recognized by serious swelling, with resulting madness or death. In fact, one mo felt that the

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31. The reasons for rejecting fresh fish during pregnancy ("lest a creature of hell be born") would not hold after parturition. Yet fresh fish was rejected then too "as bad for the womb." One suspects that the less odorous dried fish was substituted so that the odor of fresh fish, like air-borne, incompatible food, would not affect adversely the "fish-smelling" post-partum discharge (nam khao pla). In Hauck's list of foods "bad for mother during the post-partum rest," the reasons are apparent: Sour tastes did not dry out the body, but built up water; egg was too cooling; jackfruit brought in wind; glutinous rice and the sugar of sweets "wet the uterus;" fruits did not give strength and were excessively cooling (cf. Hauck,1959:15).

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heat could be better controlled by medicine alone, saying "I do not prohibit a fire, but if called because of difficulties such as a temporary paralysis, I always take the patient off the fire and prescribe a decoction, or recommend more pickled medicine (yā dong)." "Damage to the thigh ligaments," treated by a masseur, was said to result from insufficient rest by the fire. If the baby died, the mother did not curtail her fire-rest but finished it out as planned. As will be seen later, the fire-rest had far deeper meaning than just physiological restoration.

wood was getting low. Friday (wan suk:day of happiness) was the best day of all to leave the fire, but for her, Friday happened to fall on the fourteenth day after delivery. It was better to come off on another day than to risk taking such an important step on an even-numbered day. Even numbers were always associated with the even corners of a coffin.

Usually the fire period went off safely, but not this time! One day, the heat "seemed to come up suddenly" and choke Dūan. She rose gasping and ran to the window for air. Horrified at the terrible danger of cool air, Lek hastened to get her back to the board. Then by accident Dūan dripped too much water on the fire and put it out! Later, Dūan was almost unconscious, felt unhappy (klum) and as if "the fire were burning inside her." Lek called both Sai and the mō. As the mō entered, Lek handed him the expected offering of incense, flowers, candle, and a baht and a half for his khwan khāo. He prayed to his teacher, then made holy water and a decoction both of which he gave Dūan to drink, saying, "The bad blood and the fish-water did not flow out well, a common trouble after childbirth. Since your body is not cold and the fire has not been out a half-day, you could start the fire up again. But as it is never good to put out the fire like this, I am taking you off it. Take a pot of salt, heat it well and wrap it in a cloth. Put that on your abdomen. Drink no cold water, or you will die."

Dūan was sad that she had to leave the fire early and on an even-numbered day, but one always wanted to obey a mō. All had gone so well when Chāi was born! That time she had taken the usual steps, choosing a Friday to come off the fire. Now she could not choose. Her formal leave of the fire was as before: The mō prepared earth holy water (nammon thoranisān), some of which she drank, and some he sprinkled on the fire. She then knelt down facing the fire and touched her forehead to the floor 3 times, asking the Mother of the Fire to bless her and her child, and to keep them well. She went outside to bathe, first with warm water to cleanse her body, then with holy water, and put on a clean skirt. Returning to the house she seated herself quietly, for she was not supposed to do anything for a time. Others in the family broke up the fireplace. The baby was taken off the winnowing tray. Warm water mixed with the holy water was dropped in his mouth. After being bathed in the holy water, he was laid in a little cradle made of a long cotton scarf, spread apart with sticks, and swung between 2 houseposts.

Now that the fire-period was over, they stopped all boiling of the water for the baby and Dūan. Rain water was substituted, but whenever the baby seemed sickly, boiled water was used. When their rain-water ran out, they got some at the temple. Both Dūan and the baby continued taking medicine for many weeks.

Chapter VII

ATTITUDES TOWARD MODERN MEDICINE AND MIDWIFERY

Modern and traditional medicine appeared to Bang Chan to have much in common. Both subscribed to a belief in disruptive intrusions. In typhoid and cholera, the old scheme postulated intrusions of fire and earth. Boils involved a spirit attack or excess of fire For these same disorders, new medicine spoke instead of virus or bacterial infection. Such concepts as nutritional deficiencies, insect transmission, and pollution, however, were alien to the old views as disease agents.

Modern medicines paralleled the old decoctions. Antibiotics, ointments, or pain-pills were appreciated for their efficacy, but evoked no surprise, for every plant in the world was said to have some therapeutic value. Injections were similar to the sub-cutaneous magical protective needle.

"Old" medicine did not feel threatened because people were not convinced that the modern was better. The 2 systems were viewed as different, each having its own specialties. The difference was sometimes phrased as "Old medicine cares for old ailments, modern medicine for new ones." Spirit possession and khun attack, for instance, were old ailments; poliomyelitis, gonorrhea, and maybe diphtheria, new (J.R. Hanks, 1955:155-195). It was sometimes better not to claim competence outside these customary lines. One mō said he could cure gonorrhea, but the young men preferred a city doctor. Sometimes, though, one could not be sure what was a new disease.

Another phrasing of the proper place for modern medicine was that because of varying "habit," differing social stations required differing medical techniques. "Modern medicine is only good for delicate city people or other kinds of farmers, but does not give enough strength for rice-farmers." The orchardists below Bangkok who "had the habit of eating a lot of fruit," and the teachers and traders of Bang Chan (who went to the second class practitioners, and occasionally to modern doctors) were assumed to have different physical needs than farmers. The post-partum fire was clung to as strength-making: "woman are weak if no fire." The hot ashes chamber, introduced from Bangkok, was for the most part used by non-farm women.

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An old woman summed up significantly 2 attitudes saying, "In the old days people made more merit and so lived longer, but because we had no hospitals, the children died younger." The relation of good health and longevity to proper religious and moral behavior was fundamental in Bang Chan. If merit did not suffice, medical attention, traditional or modern, could not prolong life. Children, however, were tender (ɔ̀n) and easily prey to sickness. Traditional care could help them, but being delicate and tender like city people, children could also be helped by modern hospital care.

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Between the 2 systems people sensed little conflict, for each patient made a preliminary diagnosis of his symptoms and sought the type of assistance his diagnosis and convenience indicated. Mɔ̌ with some knowledge of both systems might offer their patients a choice of remedy. With the right diagnosis, magic, and medicines, a quick cure was expected. If not forth-coming, people were disappointed and moved to another specialist for his help. Modern medicine merely took its place as one more recourse.

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The basic handicap of modern medicine was that it had no magical resources or holy water. "Its effectiveness is limited to the properties of the ingredients." Old medicine on the other hand had, in addition to these properties, "The strength of the mɔ̌'s incantation plus the power of every person who learned and used that incantation, back to the time of its discovery, centuries ago." Thus where the medical schemes offered the same specialty, as in fevers, bone-setting, or obstetrics, the old appeared to offer more resources.

Besides its deficiencies in magic and strength-making attributes, modern medical care had other drawbacks. First, it was not accessible. A trip to Bangkok for medical purposes involved far more time than a day. Minburi's Health Center was a feasible trip, even for a woman in labor (stays ranged from 6 to 24 hours). Home arrangements for tending children, feeding buffalo, and other chores were less demanding. Bang Chan's eagerness for local modern care was shown when a Bangkok physician visited Bang Chan for a few times as part of a nutrition study. He was besieged with private requests for medical advice. Secondly, modern medical care was expensive. In Bangkok, after the expense of getting there, taxis, food, and housing costs for accompanying relatives, hospital, and doctor's fees sometimes meant losing the family gold and even land. Minburi's costs were closer geared to farm income, but medicines appeared costly. "Modern drugs taste and act better, but the poor have to use the old." Third,

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to make use of modern facilities one suffered confusing and unhappy experiences. Bangkok traffic was dizzying, even if one knew just where to go. Hospitals had beds, not mats, and the personnel were strangers. Foods were often unfamiliar or violated traditional injunctions concerning heating and cooling. People were brusque, impersonal, and overbearing to country people. One woman complained, "I am afraid of the doctor there. She scolds me and does not treat me like city people. She will not explain what the sickness is." Minburī's clinic was small, set up in more familiar terms, and the staff known personally to many villagers.

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Finally, there was the problem of finding an experienced escort, i.e. someone who "knew the way." More was involved than just convenience. In all walks of Bang Chan's life, no one ever presented himself to a school, to a household, anywhere, without a personal introduction from someone who had been there before, and so was accustomed (khoei) to it. It was not hard to find someone who had been to the Minburī Health Center, but it was difficult to find one who had been to a hospital in Bangkok, knew what to do, and had the time, money, and inclination to act as escort. The latter was always a relative by blood or marriage or the sick person's mō himself (Hanks and Hanks, 1955: 160). Actually, five or ten persons might accompany an ill person, only one of which was acting as the recognized go-between. Many of those who had been to a hospital or clinic as patients had previously accompanied others merely as escort, or to visit (Goldsen and Ralis 1955:31).

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Who had actually tried modern medicine for one reason or another? About a third of the household heads had used some modern clinic or hospital for treatment or hospitalization (Goldsen and Ralis 1955:31). Use was more frequent among (1) the literate, (2) those exposed to the mass media of radio and movies, (3) those accepting certain urban ways, and (4) those having greater contacts with the city in the way of visits, but users were not of a noticeably higher economic level (ibid:37). Women went no more frequently than men (ibid:32). No figures indicated how many of these occasions were for childbirth, but our interviews point to a small number. Taking the will for the deed, two women teachers who appeared to be the first to plan ahead to be delivered at the Minburī Health Center--but who did not get there because labor was too quick--seemed to be viewing the use of modern methods as a means to higher status.

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Why was modern obstetrics so largely eschewed? What had been Bang Chan's experience, unfavorable or favorable, that colored their attitudes? First, home was the most convenient place for care. Bangkok was ruled out categorically as too far. In fact, Minburī might be too far if labor manifested its normal celerity as the case of the two teachers showed, or if complications had developed. Furthermore, a Chinese resident of Bang

• 758
743 Chan during a period of residence in Bangkok was delivered
844 at the Women's Hospital and at a later pregnancy at the
178 Minburi Center. With her last baby, however, she elected
[759] to be delivered at home by the local midwife as more convenient in order to assure from her bed supervision and proper care for her other children. One young woman of very high social and economic standing preferred to import a midwife from a community six kilometers down the canal, and bear her child in her own home rather than attempt getting to a hospital.

Moreover, basically the Minburi Health Center was seen
[845] as a place for sick people, while normal childbirth was not a medical matter. To plan ahead for medical care there was to invite an abnormal delivery. The Center also suffered a poor reputation for success because difficult cases, hopelessly advanced, were the usual ones brought in. "At the Center are many ghosts," people said.

743 Some comments were genuinely favorable. The cleanli-
759 ness of the hospital was greatly appreciated. Anyone who
178 witnessed the skill of the doctor or nurse-midwife held it in respect.

Techniques of delivery were sometimes mistrusted,
75 sometimes admired. "They pull out the child with their
844 hands, which is dangerous." "The fecal pump is unneces-
743 sary." "One may not crawl during labor." A mō-midwife
178 who witnessed the nurse-midwife at work said approvingly, "She can force a baby out, but our midwives can only press harder," and "The hospital knows when a baby will come." The stopping of the flow of birth fluids by an injection was resented as affecting strength adversely, yet the injection that "made the placenta come so fast I couldn't notice it," or "gave the mother strength when the baby was stronger than she" was liked. The pills for pain were enthusiastically received. The hospital's closed windows "protected the baby from wind element," but the journey home dangerously exposed it and the mother to cooling wind. The dietary recommendations during recovery appeared wrong: eggs, which were "too cooling," or fruit, which "gave no strength." The suggestion of a nurse that scissors be used to cut the cord was resented as uncomprehending of village living problems ("we haven't any!" and "scissors always rust") and also as unwise ("rust gives tetanus poisoning").

75 Another criticism was the lack of personal warmth and
844 pity manifested by modern physicians and nurses, unlike
178 the attentive, reassuring mō. By forbidding abdomen-pressing, they were accused of "not doing enough," even of

"not wanting to help." The mother and baby were seen as having to fend for themselves. The very confidence built up in modern medications led to a conviction that doctors maliciously withheld available, effective medicines. "She died at the Center because she needed medicine but was not given any." Personality factors sometimes were involved: one doctor was considered incompetent, fearful of complicated obstetrical cases, and brutally indifferent to a countryman's views and circumstances--("Since we have no room, why don't you charter a bus to take your parturient wife to Bangkok?"), whereas another was friendly and wise. Since doctors were part of the respected government hierarchy which enjoyed superior knowledge and status, and also of the supposedly compassionate medical tradition, they were expected to be competent, kind, and protecting. Those who failed in winning confidence undermined the status of modern medicine.

The midwives themselves thought of the Minburi Center not only as a recourse if a case were in deep trouble, but also as a personal convenience. One male midwife, who was also a headman, monk and carpenter-contractor, was often too busy to stay with a woman in prolonged labor. To turn her over to another midwife other than a kinsman would damage his reputation. Knowing Minburi well, he found the Center a convenient solution to his dilemma. He had respect for the nurse-mid wife's skills, which he had witnessed, and regarded the doctor as a colleague on his own level, a view probably not reciprocated. The women midwives, too, always considering themselves at bottom volunteers, when faced with pressing home chores and the "impossibility of turning a relative over to another midwife," utilized the impartial service of the nurse-midwife. One cloud impeded the female midwives from making full use of the occasion as an opportunity for observation and so instruction. They refused to identify themselves as midwives out of fear of legal sanctions. Having neither taken the course prescribed by the government for "ancient" midwives nor paid the fee, they were not licensed. Thus, they lived in dread of fines if their calling became known outside the community. They knew they were permitted to deliver babies within the family, but outside those rather hazy boundaries, they took refuge in an old view, "I am not a midwife. I only help out of pity."

All in all, the people of Bang Chan had fitted modern medicine into their broad medical scheme where it could be accepted on its merits, if not blocked off by inconvenience, high cost, and discourtesy.

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friends to say positively that they cannot and will not endure it. For such, some other course has to be taken by the use of ...medicines" (p. 81).[74]

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The most noticeable modification in the customs of childbirth was the shortened fire-rest which had shifted from 29 or so days, to 9 to 15 or less; this was practiced by everyone.[75] Another conspicuous change adopted by a few dozen persons was the substitution for the open fire of a heat-making contrivance, in particular the hot-ashes or charcoal burning container (chamber or fire-box: fai chut) and the hot water bottle. (The hot brick and wrapped pot of hot salt were probably old alternatives.) New, of course, were the occasional utilization of the Minburi Health Center; the second class doctors; and, somewhat more generally, the novelties of the market, such as flowered net-frames, mits, shirts, pillowcases, and pacifiers. There were a few other changes noted.

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Who took up the innovations? First, they were women who had already successfully borne a child, undergone a full fire-rest, and were bearing their second or later children. Being already ritually mature (auk) and of proven competence in childbearing, they had no reason to fear a change and nothing to lose. Age and experience gave them the self-confidence, authority, and interest to ponder their experience and decide on ways to increase their effectiveness and their comfort. They had the right to do so because of the fundamental autonomy of the individual. Strong-minded old ladies might criticise the substitution of the hot-ashes container for the fire, feeling it was not hot enough to do the job, but they never questioned the woman's right to do so. The least likely to adopt

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74. On the other hand, Bradley (pp. 82-83) was puzzled why his success in saving the life of so revered a personage as the Queen by taking her off the fire, a move so thoroughly approved by the King, did not cause universal abandonment of the fire-rest. He was not aware that many a mō did the same (with the possible exception of the sponging with tepid water), that as a mō-with-a-particular-specialty he could do anything he wanted but no one would copy it without personal formal authorization, and that he was up against the deeply-rooted rite of female maturation concerning which even royalty had no authority (Bangkok Calendar, 1871:107-109).

75. We have no data on whether this shortening process set in in the 1930's, or after World War II in the late 1940's. The month-long rest was universal in the 1920's.

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home brew; rub-on medicine (yā chup) instead of a fire or fire-container; canned cows' milk, and nursing bottles for the baby, and the bottles washed with salt; the transfer of a baby from the tray to the cloth cradle before the termination of the fire-rest because "he needed fresh air;" and the rejection of the turmeric rub against the wind element as "dirty and ugly."

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To use modern medical care was becoming prestigeful. Most spectacular here was a case of a prosperous and educated man who had had 9 children, then "feared he could not feed them all," so underwent voluntarily a vasectomy. Patronage of the second class doctors who used modern medications but explained them in traditional terms was frequent among the well-to-do. The Minburī Health Center, a resource in case of over-long and difficult labor, was beginning to be seen as a fashionable place to go for medical care and parturition. The case of the 7 teachers who laid plans ahead to go to the Center (but their quick labor precluded attempting to get there) showed that prestige had a stronger lure than convenience at times. It was much more convenient to bear a child at home, yet one of these teachers even talked about wanting to be delivered in Bangkok at the Woman's Hospital, an extreme of prestige and practical inaccessibility.

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The drive toward progressiveness led to conscious re-examining of those "old ways" that could be visually tested. One woman said, "There are fewer spirits (phī) nowadays." There was the mother who pondered the maxim about burning up all the wood collected by the husband to make a child finish tasks when he grew up. Finding it not true, she abandoned it at her next confinement. A man said that the old belief that papaya should not be planted near the house because "it dies easily and doesn't like water," and so would affect a child, was "unreasonable because the harm was not specific [e.g. a threat to skin or eyes]. If specific, I might believe it." An opening wedge of disbelief was noted where a woman gave no bit of rice to her baby to start a habit for later benefits because "she was told but didn't believe it," and another who said the "winnowing rite was not important."

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In addition to prestigeful changes were those due to individual circumstance, taste or preference, and convenience unaffected by social aspirations. One woman rejected going to the Minburī Center for delivery and took up the hot-ashes container instead of a fire because she could better direct her older children, and "it was less hard on them." A poor woman took no medicine during pregnancy because she had no money to buy it. A comment that of recent years medicines were purchased because "women are too lazy to make them up" as in the old days, sounded more personal than socially significant. A change induced by lack of money was that "hot spices

might provide clues to ways in which the diet may be improved. Most of these items were included in lists given by Sharp et al. (1953)[1]. To those lists should be added the following items from our food records:

Green leafy and yellow vegetables: Leaves of bergamot, chili, morinda, onion, potato, pumpkin, (2)sa-(5)noo, and of the following trees: (2)ma-(1)dan, (4)khlyb[2] and West Indian pea tree; (2)kha-(1)cauaun flowers.

Other vegetables: flowers of leek and pumpkin, and Chinese or black truffle (water chestnut).

Fruits: Thai nutmeg and tomato.

Fresh foods other than fish: buffalo, duck, cobra, turtle and field rat.

At the end of Chart 2, sources of water for drinking and food preparation have been included, not only because water is properly considered a nutrient, but also because the water used in preparation of food may affect the wholesomeness of foods eaten raw or with little cooking.

Untreated water was the customary beverage with meals. Ordinarily no distinction was made in source of drinking water for children and adults although boiled water was given to mothers and infants to drink during the post partum rest period (Hauck, 1956). Occasionally a sick person would be given boiled water to drink; for example one man who said he was "a little sick" and "not working" was observed to drink hot boiled water from a thermos bottle. In 1955, Ralis[3] found that tea was seldom or never drunk by nearly 3/4 of the respondents. Less than 7% drank it frequently. Thus in Bang Chan no custom had grown up which would afford the general population with a measure of protection against infection from

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1. See Sharp et al., 1953, pp. 193-196 for a list of 32 fish known to be found in Bang Chan; pp. 293-294 for 34 fruits grown in Bang Chan, and p. 295 for 11 fruits known to be used but not grown there; pp. 296-298 for 41 vegetables grown in Bang Chan, and pp. 299-300 for 24 other vegetables used.

2. (4)Khlyb was the term used in Bang Chan for an unidentified tree of the family Leguminosae. Its sweet tasting leaves were washed in boiling water to get rid of a bad odor, then were eaten with (4)nam (4)phrig, a chili sauce.

3. Golden and Ralis, 1957, p. 57. The answers to: "Do you drink tea frequently, occasionally, seldom or never?" were: often, 22; occasionally, 68; seldom, 158; never, 85.

262 753 853 constipation in infants, others that it caused diarrhea, whether eaten directly by the infant or by the mother.

The belief that eggs would cause dental caries, and should therefore be omitted from children's diets, was expressed by the mother in a poorly nourished family. The possibility that such ideas arose from unwillingness to spend much money on food for a child has already been noted (see p. 42).

262 753 758 Information on food suitable in illness was obtained only incidentally. The Thai did not appear to have a consistent theory as to the cause of disease (Sharp et al. 1956, p. 489), and residents of Bang Chan did not seem to associate any of their illnesses with contaminated food or water. Choice of food in illness was probably associated in some instances with the idea that the body is composed of the four elements: wind, water, fire and earth, and that sickness results from or is a symptom of imbalance in the proportions or arrangement of these elements. Thus the "fragrant banana" and eggs, because of their "cooling effect," were said to be forbidden in measles. A child who was getting measles was restricted to rice and dried fish. In contrast the small, [853] rather flavorless banana, designated (3)kluaj (4)nam-(4)waa, was said to have "no cooling effect" and was considered an acceptable food in illness, as well as for newborn infants.

262 758 784 In one instance, when a patient had been taken to the hospital with severe diarrhea, a nurse instructed other family members not to eat ices, syrup (see p. 36), or raw vegetables, nor to drink unboiled water. The informant who told us about this offered no reason for these precautions. These foods were simply "forbidden" to the family of a patient with severe diarrhea.

777 824 245 Notions as to what is fortunate or unfortunate may also affect agricultural processes. The many ceremonies associated with culture and use of rice have been mentioned (p. 42). The idea that a papaya tree growing near the house was "unlucky" was attributed to Thai by a young Thai Moslem in Bang Chan. When we commented on the papaya tree near his front door, he said the papaya tree dies easily and does not like water, but his was planted on high ground. According to this informant few villagers would be willing to grow papaya trees near the house. He considered the non-specific threat of harm as unreasonable, though he said that if specific harm were said to [777] result, he would be concerned about it. The midwife at Minburi Health Center said that she urged each woman who came there for delivery to have more banana, mango and papaya trees planted for home use. Before raising of papayas can be successfully encouraged, however, the idea that papaya trees bring back luck must be overcome.

BANG CHAN

14 observed in 9% of the school children 7 to 14 years of age who were examined, and in about 6% of the males and 25% of the females over 15 years of age. Of 337 persons examined, however, 2 only, one child and one adult female, were found to have hemoglobin values under 9.75 g per 100 ml.

744 Modern sanitation was practically unknown in Bang Chan. Few families had covered pit latrines or made any effort to [514] cover excreta. Intestinal parasitism was common. Garbage [164] might be fed to animals, but was frequently thrown into the [364] canal or elsewhere about the compound. Provisions for protecting foods from contamination were meager.

When rain water was available, it was used for drinking, but several months each year water from the canals or fish ponds was used without prior treatment. For washing vegetables, cooking and washing dishes, canal and pond water was used throughout the year.

744 A few changes in sanitary practices, if they could be
751 brought about, might reduce some kinds of illness substantially. For example, if the villagers would adopt the practice of boiling pond or canal water whenever it is to be used for drinking, contamination from this source would be materially reduced.

Use of boiled water for bathing babies and all persons with abrasions or open wounds would probably reduce the incidence of skin infections, and enable those which do occur to heal more quickly.

Infantile tetanus could be largely if not entirely prevented if the local midwives were taught to use sterile scissors for cutting the cord, and to avoid contact of the cord with soil.

• 758 Modern medicine will probably not be readily or
121 generally available to a majority of the residents of Bang Chan for many years to come. The first step toward better health in a village such as Bang Chan appears to be to teach the people, through their local leaders and practitioners, to adopt improved health practices. To be effective, such teaching must be based not only on a knowledge of what the people do, but on an understanding of the way they think and feel about customary practices.

757 to a second-class doctor in Minburi, then to a nearby Muslim
759 masseuse, then to a local traditional practitioner who gave her some jaa tom (cooked medicine). Another instance, recorded in the field notes, is that of a school teacher's baby who had abscesses on her head. The mother took her child first to Minburi, where she was given an injection and a sulfa drug to be taken orally. The child did not get well immediately, and before all of the drug had been taken, the mother took the child to a local traditional practitioner who gave her a decoction of herbs which was to be given by mouth. Thus in some cases, modern doctors were consulted first, and local traditional practitioners later, if relief was not as speedy as was expected. The experience in this one hamlet suggested a willingness to try a variety of treatments, and the existence of a considerable degree of confidence in modern medicine.

• 738 According to Ralis (1955), 213 of 335 household repre-
743 sentatives interviewed had visited a clinic or hospital. Of these, 156 had gone to Minburi, and 135 to hospitals or clinics in Bangkok, some having gone to both places. Of 258 hospital or clinic visits, 125 were for treatment or hospitalization; the bulk of the rest were to accompany patients or to visit hospitalized relatives or friends. No significant difference in reports about seeking treatment or hospitalization was found between groups of persons differing in literacy, or in socio-economic level.

144 Infectious disease. - The principal evidences of infectious disease noted in the course of the clinical examination for assessment of nutritional status were trachoma and smallpox scars. Occasional cases of ringworm and other fungus infection, and of pediculosis were observed by the physician.

When the 233 school children and 148 additional persons included in the random sample of village households are considered together, i.e. a total of 381 persons or more than one-fifth of the total population of the village, only 3% were found to have trachoma. Eleven of 13 cases found were among 237 children 7 to 14 years of age, i.e. an incidence for this group of 4.6%. Zimmerman (1931) reported 119 cases or 4.3% of all persons examined in Central Thailand, and 277 cases or 2.9% of persons examined in the whole Kingdom. Among the school children examined, however, he reported an incidence of 12.6%.

Of 381 persons examined in Bang Chan, only 10, or fewer than 3% had smallpox scars. Two cases only were in adults, the remaining 8 being among children of school age. Our records do not show when the most recent cases occurred in the village.
751 According to Zimmerman (1931), 88% of over 2200 school children examined had been vaccinated. No information was obtained concerning the proportion of residents of Bang Chan who had been